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Connecting Kids to Coverage

## Summary of Benefits for Nebraska, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	
Fluoride treatments (including fluoride varnishes)	X				
Sealants (list any tooth-specific limits)	X			1 x every 2 years	Covered on permanent and primary teeth
Space maintainers	X				



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X			2 x year		1
<b>X-Rays</b>						
Bitewing	X					
Full Mouth	X					
Panoramic	X			1 x every 3 years		



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X					
Tooth colored composite	X					
Crowns/tooth caps						
Stainless steel crowns	X					
Metal (only) crowns		X				
Metal/porcelain crowns		X				
Porcelain (only) crowns		X				
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				Primary teeth	
Root canals on permanent teeth		X				
Gum (periodontal) therapy						
		X				



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
<b>Dentures</b>						
Partial dentures		X				
Complete dentures		X				
Bridges			X			
<b>Orthodontics*</b>						
Retainers (orthodontic)		X				
Braces		X			Covered for clients age 20 years and younger when approved by a Nebraska Medicaid Dental Consultant	Orthodontic treatment is covered for clients age 20 and younger when determined to have a handicapping malocclusion by a nebraska Medicaid Dental Consultant.



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment			X			
Cancer treatment	X				Only dental	
Treatment of fractures			X			
Biopsies	X					
Treatment of jaw joint problems (TMJ)						
			X			
Emergency room services provided by a dentist						
	X					
Inpatient Hospital Services						
	X					



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia	X					Covered when medically necessary to treat the client
Intravenous conscious sedation	X					Covered when medically necessary to treat the client
Non-intravenous conscious sedation	X				Covered when medically necessary to treat the client	
Analgesia (nitrous oxide)	X				Covered when medically necessary to treat the client	

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).